

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	105/140		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Indep	5					
Total						
Depend	25					
Total						
Claims	30					

	Indep	Depend	Indep	Depend	Indep	Depend
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